

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE							
							10/563389									
							APPLICANT(S)									
CLAIMS																
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT			AFTER 2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.		
1							51						100			
2							52									
3							53									
4							54									
5							55									
6							56									
7							57									
8							58									
9							59									
10							60									
11							61									
12							62									
13							63									
14							64									
15							65									
16							66									
17							67									
18							68									
19							69									
20							70									
21							71									
22							72									
23							73									
24							74									
25							75									
26							76									
27							77									
28							78									
29							79									
30							80									
31							81									
32							82									
33							83									
34							84									
35							85									
36							86									
37							87									
38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.			2													
TOTAL DEP.			37													
TOTAL CLAIMS			39													